

Name
in
Full

Harriett Bissene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

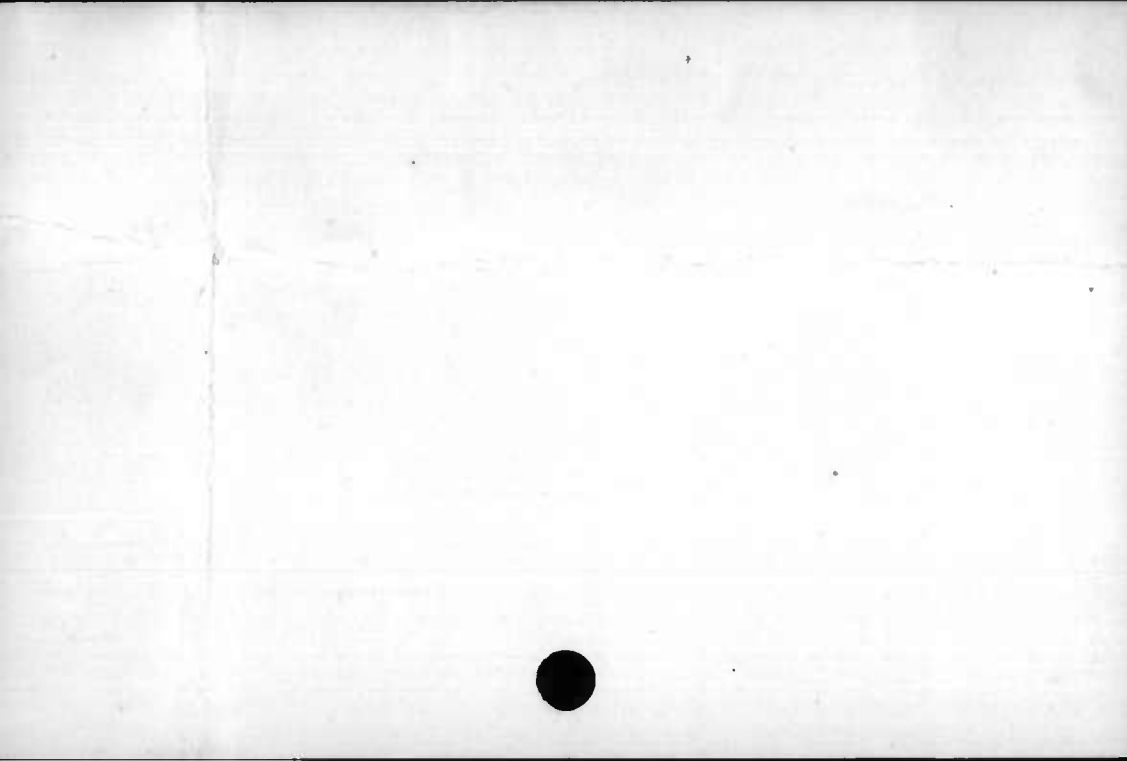
Died at		Town Drayden		County St. Mary's		MARYLAND	
Date of death		Month Feb.	Day 17	Years 70	Months		Days
Sex Female		Color or Race Colored		Birth- place St. Mary's Bond.			
Occupation Housekeeper				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband William Bissene					
Father's Name Sandy Syson				Father's Birthplace Charles Bond.			
Mother's Maiden Name Bettie Gordon				Mother's Birthplace St. Mary's Bond.			
Name of person giving In formation Adeline Bissene				How related to deceased Sister			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. Horner Lynch, M.D.	
		Address Valley Lee, St. Mary's Bond.	
Accident or Suicide?			



Name
in
Full

Henry George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

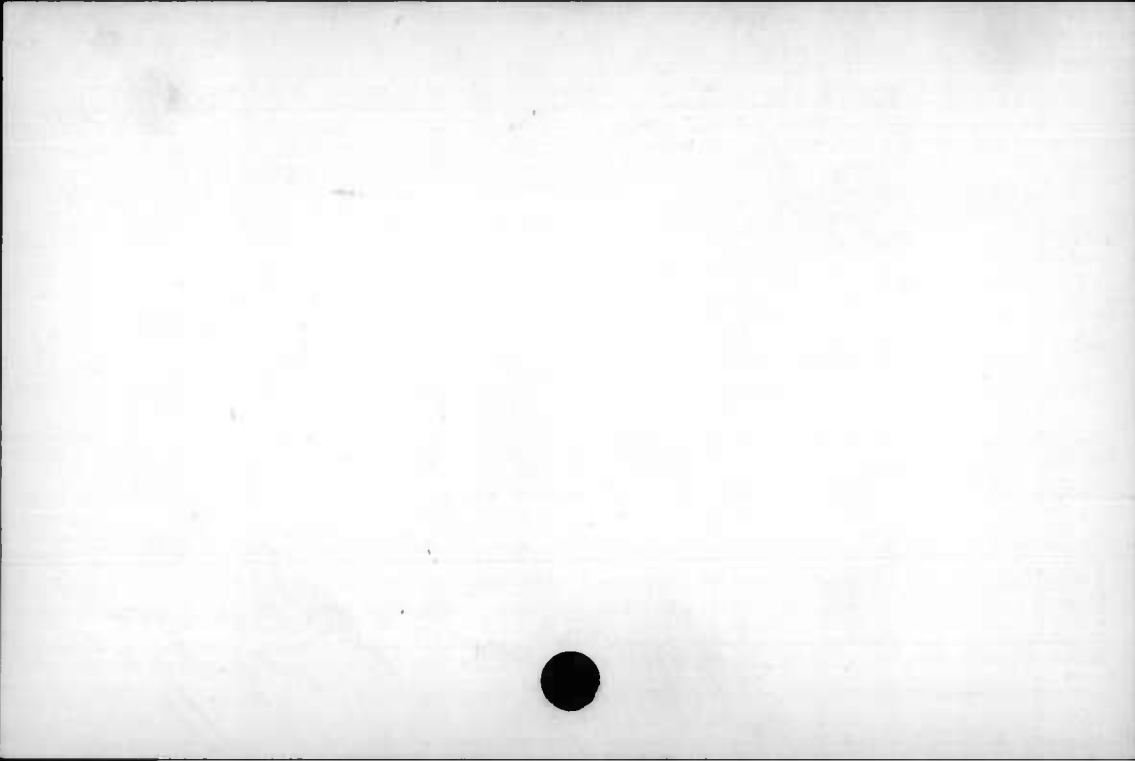
Died at <i>Lebanon</i> ^{Town}		<i>Struss</i> ^{County}		MARYLAND	
Date of death	1908	Month	<i>Feb.</i>	Day	15
Age		91		Years	
Sex	Male		Color or Race	Colored	
Occupation	<i>Teacher</i>		Birth-place	<i>Struss Co</i>	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Nellie George</i>	
Father's Name	<i>Not known</i>		Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Nellie George</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>one week</i>
Immediate	<i>Pneumonia</i>	How long	<i>six days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos. L. Gault</i>	
		Address	
		<i>Lebanon</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John W. Cullison* Town *Wynns. DO*County *St Marys*Date of death *1908* Month *Feb* Day *28*Age *23* Years

Months

Days

Sex *male*Color or
Race*Colored*Birth-
place*St Marys*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Big Cullison*Father's
Birthplace*St Marys*Mother's
Maiden Name*Don't know*Mother's
Birthplace*St. Marys Md*Name of person giving
In formation*John Bishop*How related
to deceased*Friend*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Gun shot wound side

How long

Immediate

Hemorrhage. Int

How long

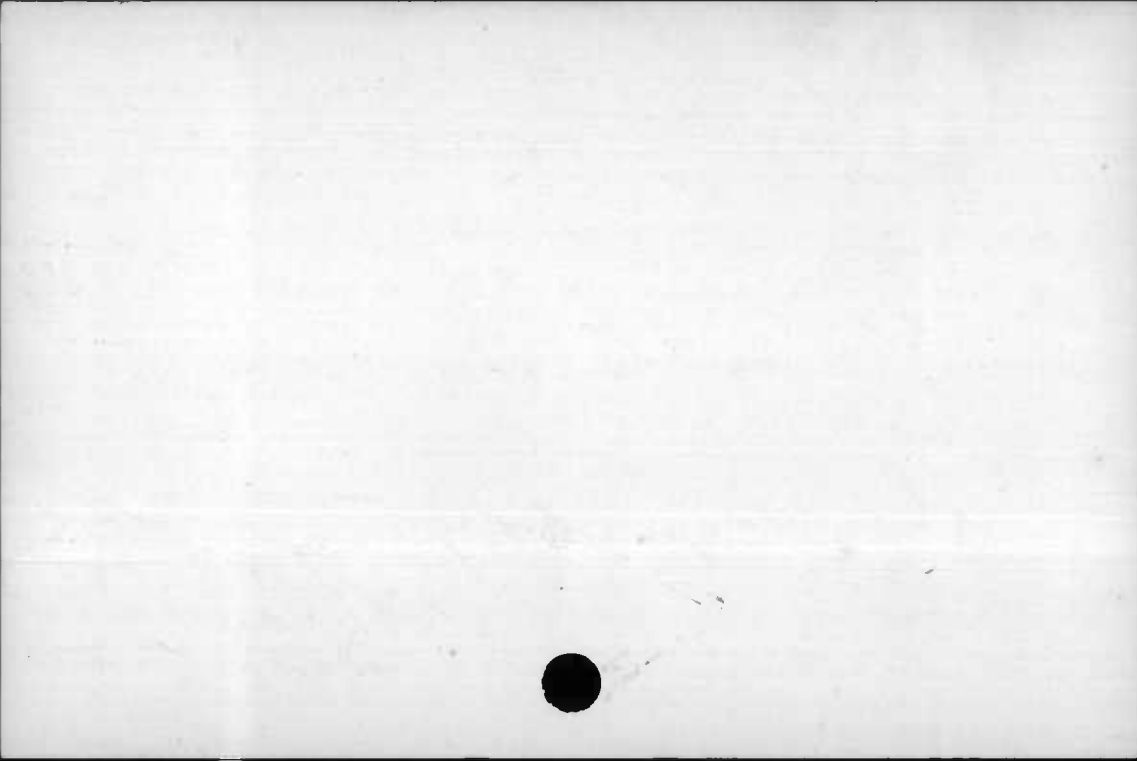
*12 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr. L. Long*

Address

Ridge

Accident or Suicide?

Accident



Name
in
Full

George Gough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

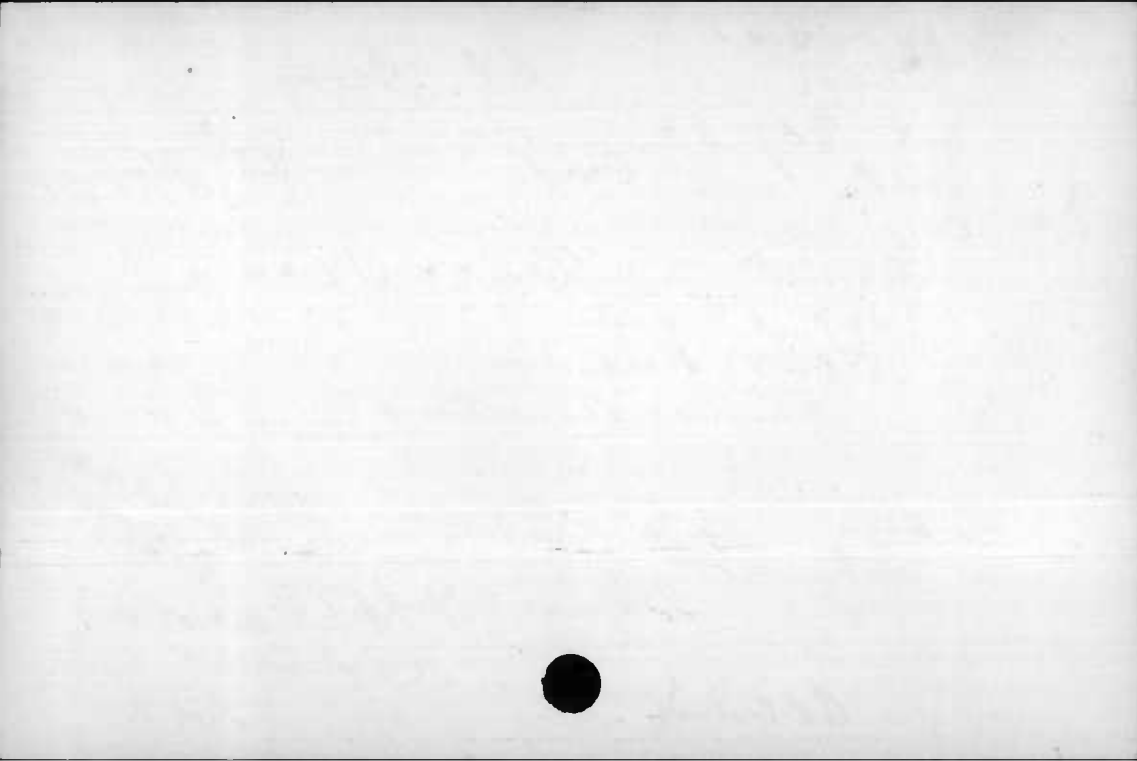
Died at <i>Buchville</i> ^{Town}		<i>St Marys</i> ^{County}	
Date of death <i>1908 Feb 1</i> ^{Month} ^{Day}		Age <i>Don't Know</i> ^{Years} ^{Months} ^{Days}	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>St Marys</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie Gough</i>		
Father's Name <i>Don't Know</i>	Father's Birthplace <i>St Marys Md</i>		
Mother's Maiden Name <i>Sallie Compton</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>James Gough</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

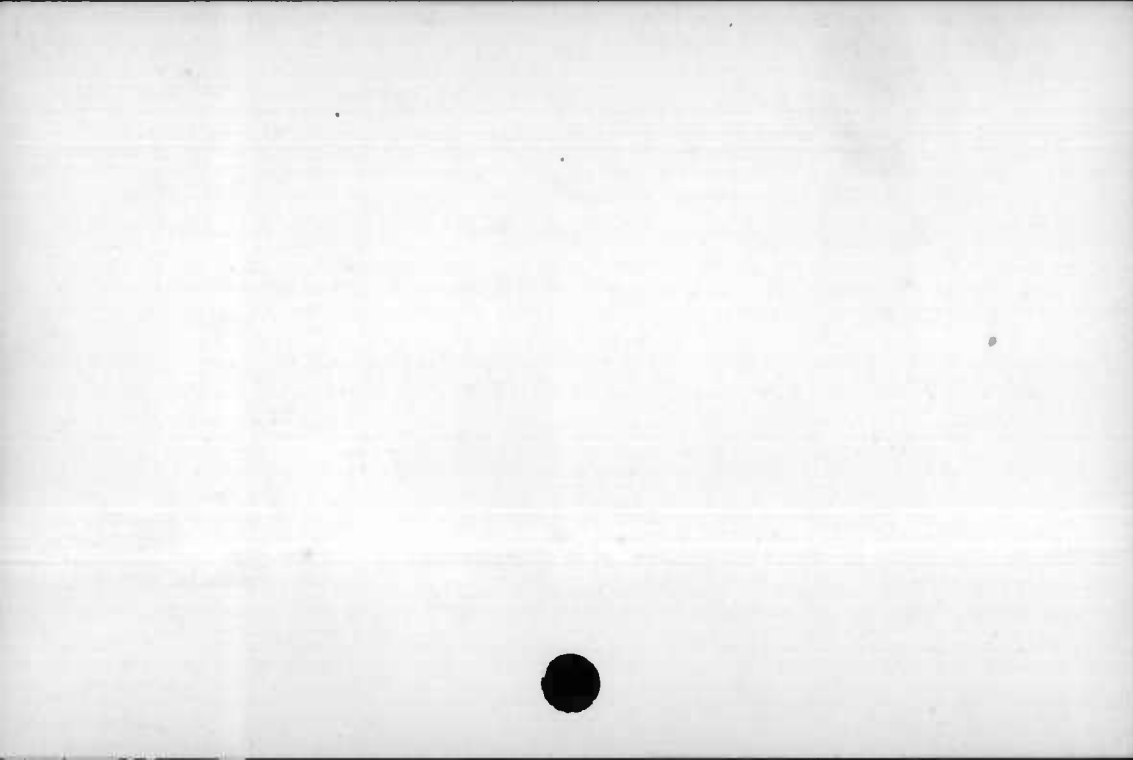
154

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>2 years</i>
Immediate <i>& exhaustion</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Lloyd</i>
	Address <i>Ridge Rd Md</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
Wm. Gross		Ridge				St Marys		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
		1908		Feb		28		40			
Sex		Color or Race		Birth-place							
Male		Cal		St Marys							
Occupation		Where Residing if not at place of death									
Engineer											
Married, Single or Widowed		Name of Wife or Husband									
Married		Rosie Gross									
Father's Name		Father's Birthplace									
Don't Know		St Mary's Md									
Mother's Maiden Name		Mother's Birthplace									
Don't Know		St Mary's Md									
Name of person giving information		How related to deceased									
Thomas Armstrong		Friend									
CAUSES OF DEATH											
Primary		How long									
Extension of Engine		Immediate									
Short		Death									
Immediate		How long									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
		Address									
		Ridge									
Accident or Suicide?											
Accident											



Name
in
Full

Charles Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

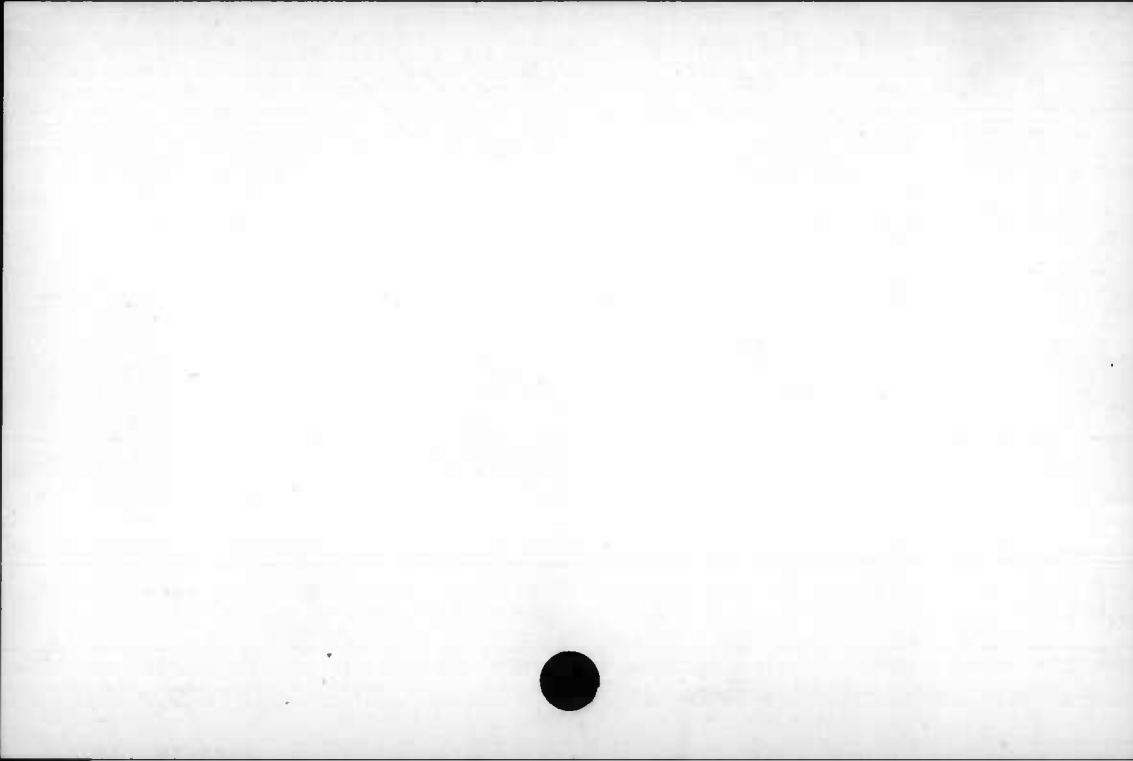
Died at <i>Red Gate</i> ^{Town}		<i>St Marys</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb</i>	Day	<i>12</i>
Age	<i>65</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>Med</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Do not know</i>		
Father's Name	<i>Not known</i>			Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>"</i>	<i>"</i>	Mother's Birthplace	<i>"</i>	<i>"</i>
Name of person giving information	<i>A J Mackinley</i>			How related to deceased	<i>No relation</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	
Immediate	<i>Pneumonia</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos Lynch</i>
		Address	<i>Leonardtown</i>
Accident or Suicide?			<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ridge* *St Marys* CountyDate of death *1908* Month *Feb* Day *26* Age *27* Years Months DaysSex *Male* Color or Race *Cal* Birth-place *St Marys*Occupation *Driver.* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Jones* Father's Birthplace *St Marys*Mother's Maiden Name *Martha Jones* Mother's Birthplace *St Marys*Name of person giving information *Thomas Armstrong* How related to deceased *Friend*

CAUSES OF DEATH

166

Primary *Explosion of Engine.*
Immediate *Shock.*How long *Immediate death.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. H. Lloyd.*
Address *Ridge Md.*Accident or Suicide? *accident,*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seaside</i>		Town <i>St Marys</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>22</i>	Age <i>76</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married Widowed			Name of Wife or Husband <i>Stephen Jones</i>				
Father's Name <i>James Posey</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>S. M. Jones</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Dropsy Heart disease Asthma</i>	How long	<i>12 mos.</i>
Immediate	<i>Heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. O. Rice</i>	
		Address <i>Adamsville Ind.</i>	
Accident or Suicide?			



Name
In
Full

Alice Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

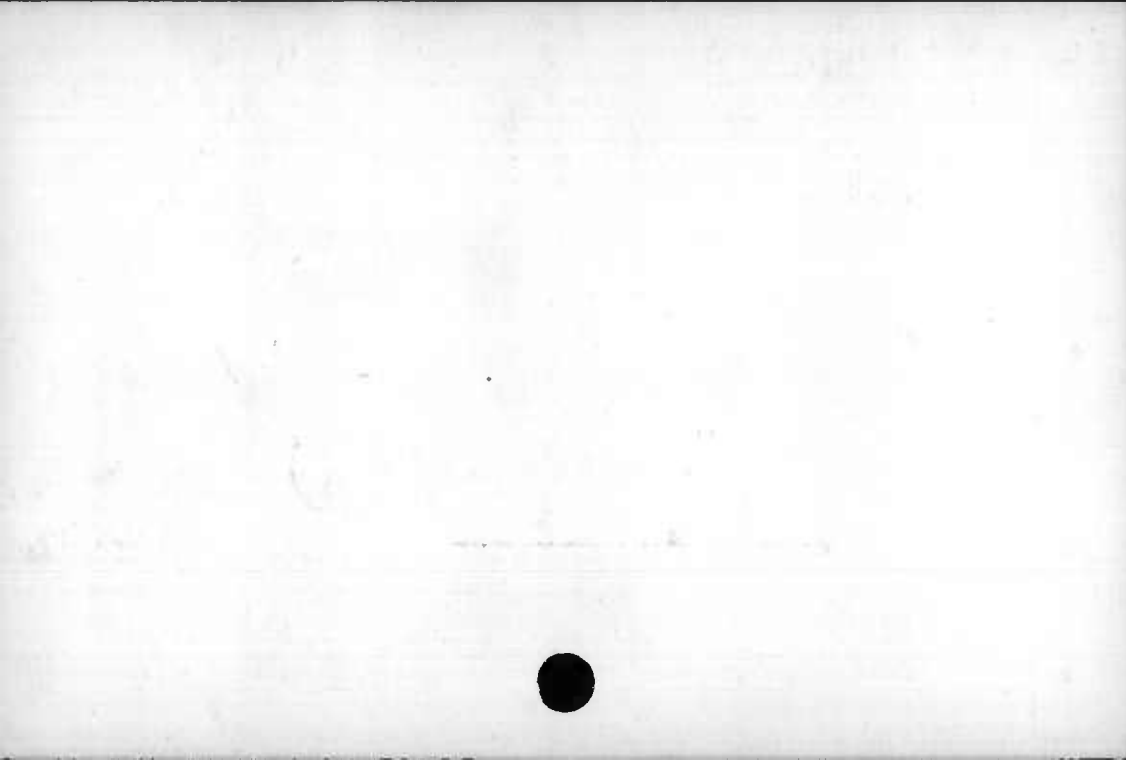
Died at <u>new market</u>		Town		County		St. Mary's		MARYLAND	
Date of death	1908	Month	Feb.	Day	2	Age	67	Months	—
Sex	Female		Color or Race	Colored		Birth-place	St. Mary's Co.		
Occupation	Housewife		Where Residing if not at place of death		—				
Married, Single or Widowed	Married		Name of Wife or Husband		John Marshall				
Father's Name	Don't know		Father's Birthplace		Don't know				
Mother's Maiden Name	Don't know		Mother's Birthplace		Don't know				
Name of person giving information	John Marshall		How related to deceased		Husband				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralytic	How long	3 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Zach. R. Morgan	
Address		Mechanicville, Md.	
Accident or Suicide?		—	



Name
in
Full

Helen Elizabeth Milburn
Town *Pearson* County *St. Mary's*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pearson* Date of death *1908 February 12* Age *Three* Months *Three* Days *Three*
Sex *Female* Color or Race *White* Birth place *Maryland*
Occupation *[Redacted]* Where Residing if not at place of death *[Redacted]*

Married, Single or Widowed *[Redacted]* Name of Wife or Husband *[Redacted]*
Father's Name *H. Norman Milburn* Father's Birthplace *Maryland*
Mother's Maiden Name *Bethel Anne Jones* Mother's Birthplace *Maryland*
Name of person giving information *H. Norman Milburn* How related to deceased *Father*

CAUSES OF DEATH

93

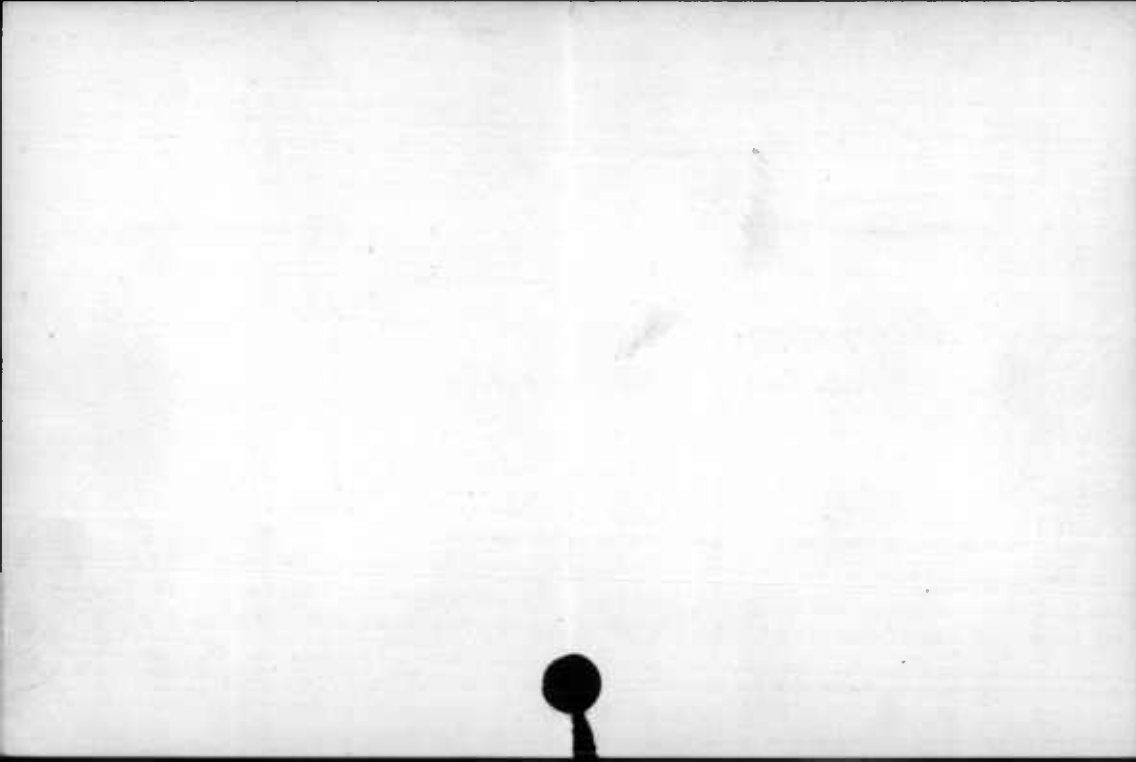
PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *About 11 days*
Immediate *[Redacted]* How long *[Redacted]*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. L. Hodgdon M.D.*
Address *Pearson Post Office, Maryland*

Accident or Suicide? *[Redacted]*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Daisy Ellen Pegg*

Town *Jacobsville* County *St. Mary's*

Died at *Jacobsville*

Date of death *1909* Month *Feb* - Day *15* Age *17* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James L. Pegg* Father's Birthplace *Maryland*

Mother's Maiden Name *Mellie Pegg* Mother's Birthplace *Maryland*

Name of person giving information *James L. Pegg* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Consumption* How long *Eight months*

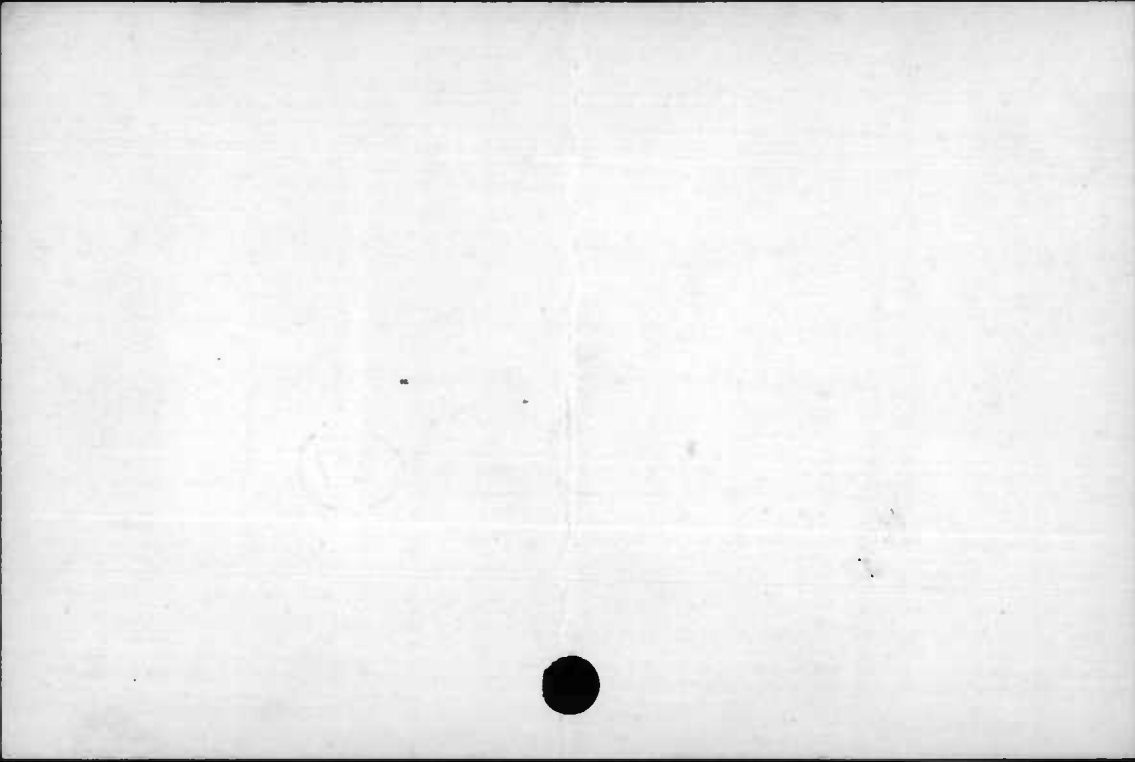
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry Richardson M.D.*

Address *West Miles P.O. Maryland*

Accident or Suicide? *L*



Name in Full John Henry Thomas		CERTIFICATE OF DEATH	
Town Thurmont		County St. Mary's	
Did at Thurmont		MARYLAND	
Date of death 1908	Month 2	Day 21	Age —
Sex male		Color or Race Colored	Birth-place md
Occupation none		Where Residing if not at place of death —	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Hiley Thomas		Father's Birthplace md	
Mother's Maiden Name Margaret Young		Mother's Birthplace md	
Name of person giving information Hiley Thomas		How related to deceased Father	
CAUSES OF DEATH			
Primary Pneumonia		How long 5 days	
Immediate Convulsions		How long 2	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. M. V. Palmer	
		Address Palmer	
Accident or Suicide? H		md.	



Name
in
Full

Charles Francis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

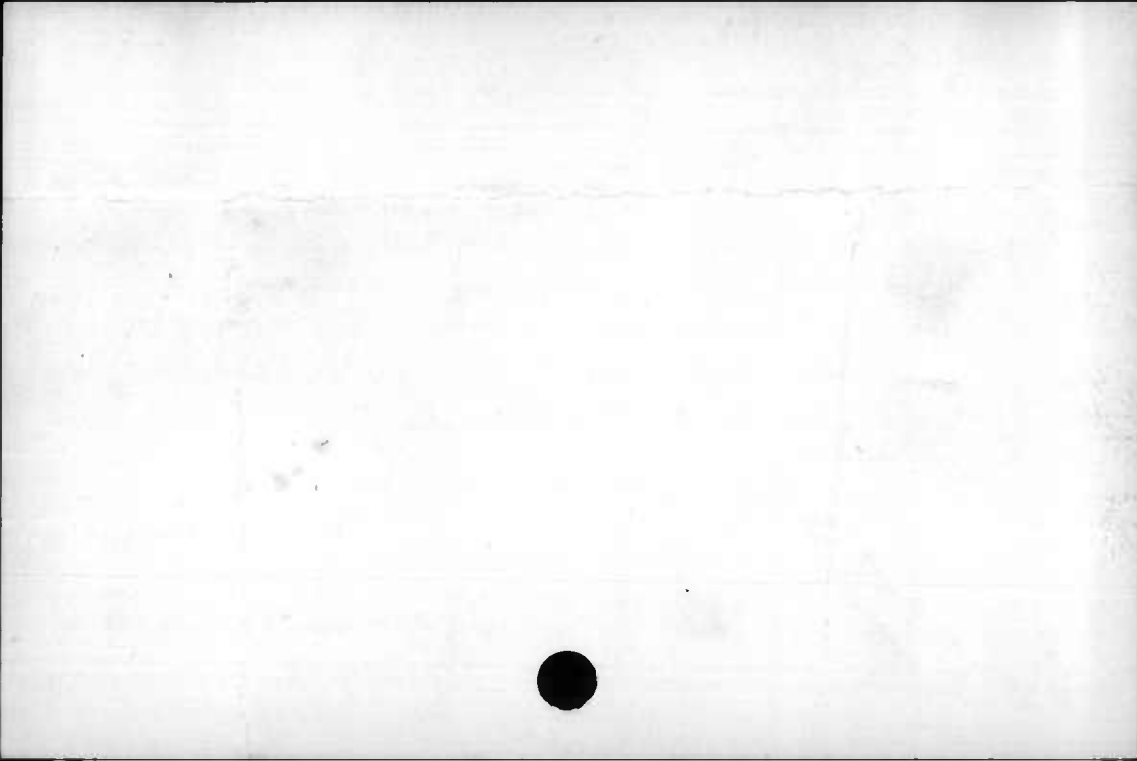
Died at <u>Wrayden</u> Town		<u>St. Mary's</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>17</u>	Age <u>42</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>St. Mary's Md.</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Caroline Armstrong</u>				
Father's Name <u>Joseph Francis</u>	Father's Birthplace <u>St. Mary's Md.</u>		Mother's Birthplace <u>St. Mary's Md.</u>		
Mother's Maiden Name <u>Rosa Milburn</u>	How related to deceased <u>Brother</u>		Name of person giving information <u>William Francis</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>one Year</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. Horner Lynch, M.D.</u>	
		Address <u>Valley Lee, St. Mary's Md.</u>	
Accident or Suicide?			



Name
in
Full

Celestia Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

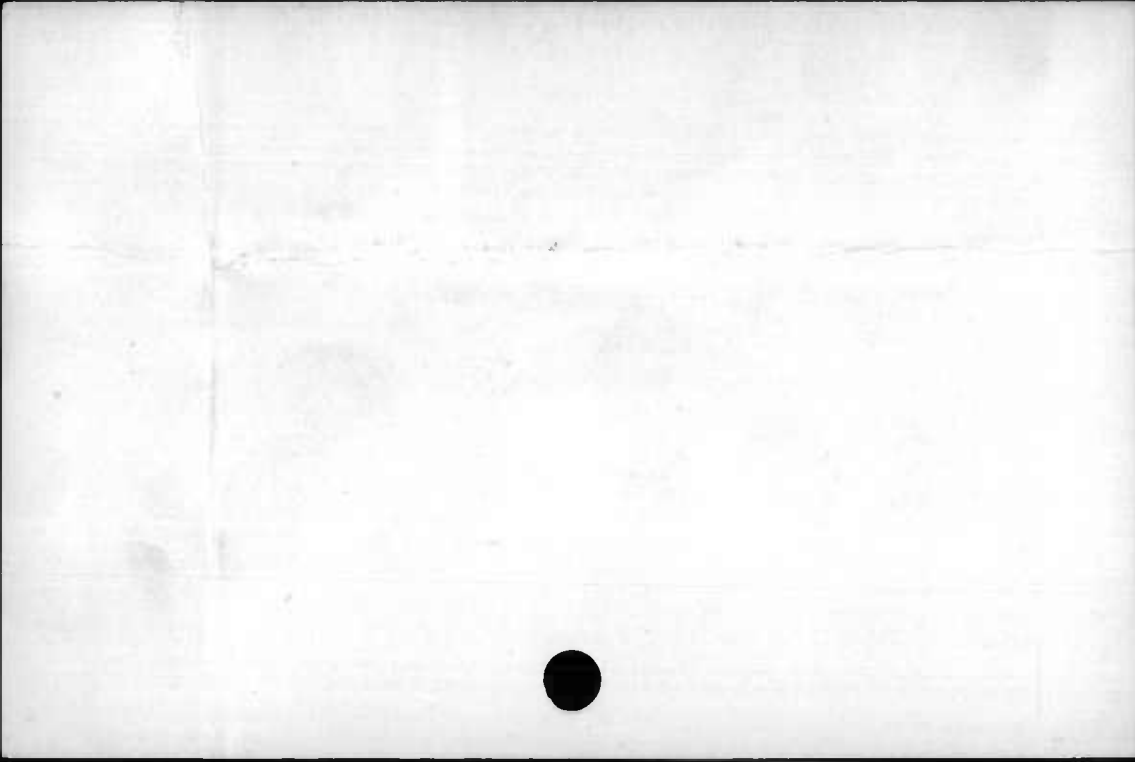
Died at		Town Valley Lee		County St. Mary's		MARYLAND	
Date of death		1908	Month Feb,	Day 21	Age 36	Months	Days
Sex Female		Color or Race Colored		Birth- place St. Mary's Comd.			
Occupation Housekeeper				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband James A. Woodland					
Father's Name Walter Mounce				Fether's Birthplace St. Mary's Comd			
Mother's Maiden Name Emily Milburn				Mother's Birthplace St. Mary's Comd			
Name of person giving In formation James A. Woodland				How related to deceased Husband			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	8 days
Immediate		How long	
Are the name, age, sex, color, date end place correctly given above?		Signature of Physician T. H. House Lynch, M.D.	
Yes		Address Valley Lee - St. Mary's Comd.	
Accident or Suicide?			



Name in Full Agnes Young		CERTIFICATE OF DEATH	
Died at Ridge Springs <small>Town</small>		St. Mary's <small>County</small>	
Date of death 1908 <small>Month</small> 2 <small>Day</small> 27		Age 20 <small>Years</small> — <small>Months</small> — <small>Days</small>	
Sex Female		Color or Race Colored	Birth-place ind
Occupation Housewife		Where Residing if not at place of death —	
Married, Single or Widowed Married		Name of Wife or Husband James Young	
Father's Name Richard Thomas		Father's Birthplace ind	
Mother's Maiden Name Sarah Louie		Mother's Birthplace ind	
Name of person giving information James Young		How related to deceased Husband	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>TO BE ANSWERED BY NEAREST FRIEND</div> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 5px; font-size: 24px; font-weight: bold;">27</div> </div>			
Primary Tuberculosis of lungs, 2 yrs.		How long 2 yrs.	
Immediate Tuberculosis of lungs, 2 yrs.		How long 2 yrs.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. V. Palmer	
		Address Palmer	
Accident or Suicide? ind			

